U.S. Department of Labor Office of LabSr-Management Standards Washington, BC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatury under P.L. 86-257, as amentied. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U-037-992

READ THE EMSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

10803	1/1/05 Through 12/3//65
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name William D. Meyers	Name Pointers, Cleaners & Coullins Union 75-2
	Labor Organization File Number 037-992
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room: Number, if any
Street 11115-Western Ave	Street 1/11 5. Western Ave
city Chicago	car Chicago
State IC. ZIP Code + 4 606/12/9/96	State IL. ZIP Code + 4 GO 6/2 4/140
5. Position in labor organization. PICSI ACA T	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as opecified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is active y seeking to represent.	
6. Name and address of Employer (including trade rame, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street	
City	
State ZiP Code + 4	
Signature	
15. Signature and verification. The undersigned deciares, under penalty of Perjury and other applicable panalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Alillein Mygue	On 3-27-06 3/2-243-5340. Date Telephone Number

Name of Filing William D. May	C 1 5 File Nurrber U-	
B. Held an interest in or derived income or econo mit benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employee whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or salling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade tarms, if any).	9. Business deals with:	
Name		
Trade Name, if any:	a. Labor Organizz inn	
D.O. Davi Dida Dassa Ma Harri	b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street		
City	•	
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name International Muscary Institute.	Hotel + Pushing to Containe.	
Trade Name, if any:		
P.O. Box, Bldg., Room No., it any James Balce House		
Street 42 East Street	11.b. Approximate dollar value of such dealing. \$\\\ \partial 722.15	
cay Aniapolis.	12.a. Nature of interest he 1 or income received.	
State Moryland ZIP Conte +42/40/		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relation's Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Blidg., Room No., if any		
Street		

14.b. Amount of payment.

13.b. Is the Business an Employer

ZIP Code + 4

ರ (ರಾಜಚಿತ್ರ)

?

City

State